



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
1 PINCKNEY BOULEVARD
BEAUFORT, SOUTH CAROLINA 29902-6148

IN REPLY REFER TO:

NAVHOSPBFTINST 6320.62E
09K

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NAVHOSP BEAUFORT INSTRUCTION 6320.62E

Subj: CREDENTIALS REVIEW AND PRIVILEGING PROGRAM

Ref: (a) BUMEDINST 6320.66D
(b) BUMEDINST 6320.67
(c) JCAHO Comprehensive Accreditation Manual for Hospitals
(d) BUMEDINST 6010.17A
(e) SECNAVINST 6401.2A
(f) NAVHOSPBFTINST 5370.1F
(g) NAVHOSPBFTNOTE 6010 of 01 Feb 2001

1. Purpose. To provide a credentials review and privileging instruction per references (a) through (f). This is a complete revision and must be read in its entirety.
2. Cancellation. NAVHOSPBFTINST 6320.62D
3. Applicability. This instruction applies to all military (active duty and reserve), civilian and contract health care practitioners, as well as clinical support staff licensed to work for Naval Hospital Beaufort (NHB).
4. Policy
 - a. Per reference (a), a standardized and uniform credentialing process will be implemented for all military, civilian and contract health care practitioners as well as clinical support staff at NHB.
 - b. Per reference (a), Department of the Navy (DON) policy dictates that all health care practitioners who are to be responsible for making independent diagnostic and therapeutic decisions are subject to credentials review and must be granted a professional staff appointment with clinical privileges by a designated privileging authority before providing care independently. Practitioners must possess a current, valid, unrestricted license or certificate, a licensure or certification waiver, or be specifically authorized to practice independently without a license or certificate or waiver of same, as prescribed in reference (e), to be eligible for a professional staff appointment with clinical privileges.
 - c. Per reference (a), DON policy dictates that the privileging authority shall ensure that assignments to patient care activities of clinical support staff are based on consideration of support staff member's verified degrees and current licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services.
 - d. Per reference (a), health care practitioners whose professional impairment or misconduct may adversely affect their ability to provide safe quality care must be immediately removed from direct patient care activities. This is not only a regulatory requirement, but a moral and ethical responsibility.
5. Scope. This instruction provides for local implementation of functions described in reference (a) and (b). Specifically:

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- a. Application for appointment to the professional staff and request for clinical privileges.
- b. Mechanisms for professional staff appointment and the delineation of clinical privileges.
- c. Clinical privilege sheets including core privileges.
- d. Handling, maintenance, storage, and disposal of individual credentials files (ICF) and individual professional files (IPF).
- e. Mechanism for personnel transfer, temporary additional duty and permanent change of station.
- f. Adverse privileging per reference (b).

6. Roles and responsibilities for:

a. Commanding Officer

(1) Serves as the privileging authority for NHB health care practitioners.

(2) Issues local implementing directives.

(3) Establishes mechanisms to ensure that individual practitioners function within the scope of clinical privileges granted.

b. Executive Board of the Provider Staff (EBOPS). Consists of members appointed per reference (g).

(1) Considers input from all sources, including peer review, concerning the appropriateness of clinical privileges requested by health care practitioners.

(2) Recommends to the privileging authority specialty specific criteria for staff appointments with clinical privileges.

(3) Review and approve Credentials Review Committee (CRC) minutes. Provide oversight for the CRC activities as well.

(4) Oversees the credentials review and privileging process. Review and endorse applications for professional staff membership with clinical privileges.

(a) Make recommendations for staff appointment with delineated clinical privileges based on the applicant's professional qualifications (health status, current competence, verified licensure, education, and training, and National Practitioners Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) queries.

(b) Use practitioner-specific results of performance improvement and risk management monitoring activities when making recommendations for professional staff appointments with clinical privileges.

(5) Oversees clinical competence/performance. Seek amplification and clarification of information regarding practitioner professional performance when there is reason to believe the practitioner is not performing within

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their delineated clinical privileges; not abiding by the policies, procedures and bylaws; not practicing within acceptable standards of care and then makes recommendations to the privileging authority.

(6) Assist in developing, reviewing, and recommending actions on policies and procedures for providing health care services.

c. Credentials Review Committee. Consists of members appointed by the Commanding Officer annually. Per reference (a), the CRC is responsible for the review and recommendation of all military, civilian and contract health care practitioners.

d. Directors

(1) Monitor the credentials review and privileging process within their directorates. Assume credentials and privileging responsibilities when delineated clinical privileges are being initially granted, renewed, or appraised for associate directors and for department heads.

(2) Provide continuing surveillance of the professional performance, conduct, and health status of directorate staff members to ensure they provide health care services consistent with clinical privileges and standard of care. They will also ensure those non-privileged practitioners, clinical support staff, and other personnel providing health care services in the directorate are under appropriate clinical supervision.

(3) Maintain copies of approved staff appointments with delineated clinical privileges on practitioners assigned to their departments. For non-trainee, non-privileged practitioners practicing under supervision (i.e. clinical psychologists and social workers who have not fulfilled clinical hours required for degree), the plan of supervision will be maintained in the specific service file as well as in the ICF.

(4) Maintain record of competencies of clinical support staff assigned to their departments.

(5) Recommend specialty specific criteria for initial staff appointment with clinical privileges, active staff appointment with clinical privileges, active staff reappointment, affiliate, or temporary appointments with clinical privileges.

(6) Make recommendations for staff appointment with delineated clinical privileges based on the applicant's professional qualifications (health status, current competence, verified licensure, education, and training, and NPDB and HIPDB queries).

(7) Use practitioner-specific results of performance improvement and risk management monitoring activities when making recommendations for professional staff appointments with clinical privileges.

(8) Monitor performance improvement and medical staff activities for individuals assigned to their specialty.

e. Professional Affairs Coordinator (PAC)

(1) Assigned as the technical advisor to the privileging authority on credentials and privileging issues.

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(2) Renders administrative and clerical assistance to the EBOPS and the CRC, as applicable.

(a) Maintains ICFs and IPFs, program directives, instructions, forms, CRC minutes, and working papers for all military, civilian and contract health care practitioners.

(b) Interfaces with outside agencies to obtain required reports, i.e., NPDB/HIPDB queries.

(c) Assist in preparation of CRC committee minutes; processing of privilege and staff appointment applications, notification letters and privilege reappraisal documents; verification of credentials information; maintenance of documentation of trends based on performance improvement and risk management activities; preparation of the peer review panel and appeal process documents.

(d) Ensure necessary correspondence, messages, and reports received and transmitted are complete, accurate, and meet the requirements of this instruction.

(e) Inputs practitioner and provider data into Centralized Credentialing Quality Assurance System and Composite Health Care System.

(f) Maintains a tracking system for the internal processing of documents relating to credentials review, staff appointment, and clinical privileges status. Reports renewal status to the CRC on a routine basis.

(g) Assists the specialty advisor in the preparation and annual review of the specialty Department Specific Criteria.

f. Health Care Practitioner or Provider

(1) Practitioners must initiate an application for membership to the professional staff and request the broadest scope of privileges commensurate with their professional qualifications, level of current competence, and the facilities ability to support them. Those who fail to maintain qualifications or do not request such privileges are subject to processing for separation for cause for military personnel, or for administrative action including termination of employment for civilian and contract personnel.

(2) Practitioners must comply with applicable professional staff policies, procedures, and bylaws of the medical staff.

(3) Practitioners are responsible for ensuring the accuracy and currency of all credential certification and other privileging information reflected in their ICF or IPF; e.g., licensure status, board certification, and privilege status at other facilities.

(4) Practitioners must immediately inform the privileging authority of any change in status of any professional qualification, including health status, which could impair their ability to provide safe and competent health care services within the scope of authorized privileges.

(5) Practitioners must perform health care services within the following categories:

(a) The scope of privileges granted by the privileging authority.

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(b) The assigned clinical responsibilities for clinical support staff.

(c) The written plan of supervision for those practitioners required to practice under supervision.

(d) Standard of care

(6) Practitioners must participate in professional education programs leading to improved clinical performance and contingency preparedness and provide documentation of programs completed to the PAC.

(7) Practitioners must actively support and participate in NHB performance improvement and risk management activities.

7. Expeditious Processing of Complete Applications for Staff Appointment with Clinical Privileges. Typically, applications for staff appointment and clinical privileges are reviewed by the full CRC and EBOPS. Since the CRC and EBOPS meet monthly, the expeditious process allows providers to practice medicine while awaiting the full CRC and EBOPS reviews. With the recommendation and approval of the appropriate Clinical Division Head, Director, Chair of CRC, Chair of EBOPS, and privileging authority, a complete application for staff appointment, reappointment, initial, new, or revised clinical privileges may be expeditiously approved. Subsequent review and approval of such applications by the full CRC and EBOPS will occur as soon reasonably possible.

8. Emergency Management Plan for Privileging of Licensed Individual Practitioners (LIP). Per reference (c), NHB medical and dental staff will allow volunteer LIPs to provide treatment in the event the Emergency Management Plan is activated. Individuals holding a valid license to provide medical services may volunteer these services during a disaster. The scope of services provided must be within the individual's scope of practice as outlined by their state board, and the individual must have a valid, current license on file with the appropriate state board. The term "individual" applies to all LIPs.

a. Any LIP volunteering to provide services during a disaster must identify himself/herself with their appropriate title (i.e., MD/DO, CRNA, DDS/DMD) and provide one of the following means of identification to the physician director of the disaster, the Commanding Officer, Senior Medical Officer or designee:

(1) Current picture hospital identification card.

(2) Current license to practice and a valid picture identification issued by a state, federal or regulatory agency.

(3) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT).

(4) Identification indicating that the individual has been granted authority to render patient care in emergency circumstances. Such authority having been granted by a federal, state or municipal entity.

(5) Presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner's ability.

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b. Upon presentation of appropriate identification, the privilege to provide patient care during the disaster may be granted by the Commanding Officer, or his/her designee.

c. The volunteer LIP's name, title and license number (if immediately available) is documented by the physician director of the disaster or his/her designee, with this information forwarded to the PAC office. Upon receipt, as time permits pursuant to the disaster, the PAC or designated member(s) of the PAC Office will verify the LIP's license with his/her appropriate state board. The PAC office will keep the name, title and license number of the volunteer LIP on file for future reference if needed.

9. Off-Duty Civilian Employment. Per reference (f), civilian employment requests will be routed through the PAC. Practitioners are responsible for ensuring the PAC is aware of any off-duty civilian employment. Per reference (a), the PAC is responsible for obtaining current competency information from every facility that employed the practitioner.

10. Confidentiality. Reference (g) specifies confidentiality of medical quality assurance and performance improvement and quality management records within the DON and will be followed. All ICF documents will contain the following caveat: This file and documents contained therein is protected under 10 USC Title 1102.

11. Action. References (a), (b), (d), and (e) must be immediately made available to key personnel in paragraph 6.


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Distribution:
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